Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Genworth Group Long Term SERFF Tr Num: LTCG-127295441 State: Arkansas

Care Insurance

TOI: LTC03G Group Long Term Care SERFF Status: Closed-Filed- State Tr Num: 49234

Closed

Sub-TOI: LTC03G.001 Qualified Co Tr Num: GW TRANSFER State Status: Filed-Closed

OFFER

Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Timothy Cassidy Disposition Date: 08/05/2011

Date Submitted: 07/06/2011 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Genworth Transfer Offer Advertising Filing Status of Filing in Domicile: Pending

Project Number: GW TRANSFER OFFER Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The filing has been

submitted to Delaware, the company's state of

domicile.

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust, Other Explanation for Other Group Market Type:

Labor Unions

Overall Rate Impact: Filing Status Changed: 08/05/2011
State Status Changed: 08/05/2011

Deemer Date: Created By: Timothy Cassidy

Submitted By: Timothy Cassidy

Corresponding Filing Tracking Number:

Filing Description:

Re: ADVERTISING FILING: ACCIDENT AND HEALTH INSURANCE

GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025

Group Long Term Care Insurance Marketing Materials:

Form 121186 08/01/11 Transfer Offer

Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

Form 121187 08/01/11 Personal Rate Quote Form 121188 08/01/11 Product Comparison Form 121189A 08/01/11 Acceptance Form

Form 121189B 08/01/11 Personal Rate Quote Summary

Form 123064 08/01/11 Additional Benefit Options

On behalf of Genworth Life Insurance Company (Genworth Life), Univita Health submits, for your information and approval, Transfer Offer components intended for use with its approved Group Long Term Care Insurance products in your state. Included in the Supporting Documentation is Genworth Life's authorization to make such filings on behalf of Genworth Life.

This advertising material is new and does not replace any advertisements previously filed by Genworth Life Insurance Company.

The forms in this submission will be used in the event that Genworth Life is selected as the carrier to provide group long term care insurance that will be offered to eligible classes who may already be enrolled by another carrier. All material is sent together as the offer package; it will not be sent separately. The Certification of Eligibility forms, 121189C 08/01/11 and 121189D 08/01/11, included in this filing for informational purposes, were previously filed for form approval with your Department. The filing, SERFF Number GEFA-127187658, is currently pending approval. The forms in this submission will be used in connection with group policy form 7046POL, which was approved by your Department on September 13, 2005 and subsequently.

The Transfer Offer is described in form 121186 08/01/11 and is sent to each person who is eligible to transfer. The Product Comparison, form 121188 08/01/11, outlines the different features of the existing coverage and that being offered by Genworth Life. The individual is referred to the Certificate of Insurance from the existing carrier, and the outline of coverage from us for detailed comparison. The Personal Rate Quote, form 121187 08/01/11, will contain the premium costs under both carriers for the eligible person, as well as any transfer credit that Genworth Life may apply. It will include additional rate tables if the individual has the ability to select additional options available to the employee population as a whole at the same time as the transfer offer. When such is the case, the advertising package will include form 123064 08/01/11, Additional Benefit Options, and the application required to apply for such options. The Acceptance Form, 121189A 08/01/11, enables the eligible person to select the transfer offer, indicating the plan he or she wishes to purchase. A Personal Rate Quote Summary, 121189B 08/01/11, will be included with the Acceptance Form, repeating the premium and transfer credit information. Each applicant must complete and sign one of the aforementioned Certification forms, 121189C 08/01/11 or 121189D 08/01/11, to acknowledge his or her eligibility for the coverage.

Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

Variable material is bracketed and explained in the accompanying Explanation or Variability. We hope you find this submission satisfactory and look forward to your response. If helpful to the Department's review, Kathy Hamby, Genworth Life's Group Compliance Leader, is available to you to address any issues as they are identified.

If you should have any questions, please dial me directly at (952) 516-6195 or toll free at (888) 312-5824. You may also send me an email at tcassidy@univitahealth.com.

We hope you find this submission satisfactory and look forward to your response. Thank you for your time and consideration of our request.

Sincerely,

Timothy P. Cassidy

Company and Contact

Filing Contact Information

Timothy Cassidy, Director, Compliance tcassidy@univitahealth.com

Services

5 Commonwealth Road 952-516-6195 [Phone] Suite 2B 952-983-5128 [FAX]

Natick, MA 01760

Filing Company Information

(This filing was made by a third party - longtermcaregroup)

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware 6620 West Broad Street Group Code: 350 Company Type: Life, Health &

Annuity

Building 4 Group Name: State ID Number:

Richmond, VA 23230 FEIN Number: 91-6027719

(804) 922-5085 ext. [Phone]

Filing Fees

Fee Required? Yes Fee Amount: \$150.00

Retaliatory? No

SERFF Tracking Number: LTCG-127295441 State: Arkansas

Filing Company: Genworth Life Insurance Company

State Tracking Number: 49234

Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

Fee Explanation: Six pieces at \$25 per piece totals \$150.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$150.00	07/06/2011	49474442
Genworth Life Insurance Company	\$150.00	07/07/2011	49531347
Genworth Life Insurance Company	\$150.00	07/07/2011	49531350

Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

Correspondence Summary

Please Rebate \$150 of Filing Fee

Dispositions

Status	Created By		Created	On	Date Subr	nitted
Filed-Closed Filing Notes	Stephanie Fowler		08/05/20	11	08/05/201	1
Subject		Note Type		Created By	Created On	Date Submitted
Refund of Du	plicate Fees	Note To Filer		Stephanie Fowle	er 07/08/2011	1 07/08/2011

Timothy Cassidy 07/07/2011 07/07/2011

Note To Reviewer

Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

Disposition

Disposition Date: 08/05/2011

Implementation Date: Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Third Party Filer Authorization	Filed-Closed	Yes
Supporting Document	Certification of Eligibility Forms 121189C 08/01/11 and 121189D 08/01/11 (Previously Filed)	Filed-Closed	Yes
Supporting Document	Explanation of Variability 121186 EOV STD 8/01/11	Filed-Closed	Yes
Supporting Document	Cover Letter	Filed-Closed	Yes
Form	Transfer Offer	Filed-Closed	Yes
Form	Personal Rate Quote	Filed-Closed	Yes
Form	Product Comparison	Filed-Closed	Yes
Form	Acceptance Form	Filed-Closed	Yes
Form	Personal Rate Quote Summary	Filed-Closed	Yes
Form	Additional Benefit Options	Filed-Closed	Yes

Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

Note To Filer

Created By:

Stephanie Fowler on 07/08/2011 02:33 PM

Last Edited By:

Stephanie Fowler

Submitted On:

08/05/2011 03:12 PM

Subject:

Refund of Duplicate Fees

Comments:

A refund request has been submitted to our Accounting Department for the \$150.00 overpayment.

Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

Note To Reviewer

Created By:

Timothy Cassidy on 07/07/2011 02:43 PM

Last Edited By:

Stephanie Fowler

Submitted On:

08/05/2011 03:12 PM

Subject:

Please Rebate \$150 of Filing Fee

Comments:

I submitted the additional \$150 today to make up the difference (I originally submitted \$150 - \$25 per form - and today submitted and additional \$150 - again, \$25 per form) and somehow today's \$150 charge went through twice.

Would you please rebate or credit us with \$150?

Thank you.

Tim Cassidy

Univita

Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

Form Schedule

Lead Form Number: 121186 08/01/11

Schedule	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Item	Number			Data		
Status						
Filed-	121186	Advertising Transfer Offer	Initial		0.000	121186_0801
Closed	08/01/11					11_for state
08/05/2011	[filing0616.pdf
Filed-	121187	Advertising Personal Rate Quote	Initial		0.000	121187_0801
Closed	08/01/11					11_for state
08/05/2011						filing_v2.pdf
Filed-	121188	Advertising Product Comparison	Initial		0.000	121188_0801
Closed	08/01/11					11_for state
08/05/2011						filing.pdf
Filed-	121189A	Advertising Acceptance Form	Initial		0.000	121189A_080
Closed	08/01/11					111_for state
08/05/2011						filing.pdf
Filed-	121189B	Advertising Personal Rate Quote	Initial		0.000	121189B_080
Closed	08/01/11	Summary				111_for state
08/05/2011						filing.pdf
Filed-	123064	Advertising Additional Benefit	Initial		0.000	123064_0801
Closed	08/01/11	Options				11_for state
08/05/2011	Ī					filing.pdf

[Policyholder Logo]

[Genworth Logo]

[Month Day, 20XX]
[John Doe]
[Street Name/Number]
[2nd Address line]
[City, State 00000]

Important information about your Group Long Term Care Insurance Program – Respond by [Mo Day, 20XX]

Dear [John Doe],

We are pleased to announce that Genworth Life Insurance Company (Genworth Life) has been selected as [Group Policyholder]'s new Group Long Term Care Insurance provider, effective [Month Day, 20XX]. [[Previous Carrier] ([Previous Carrier]) [announced it] will no longer be offering new enrollments for long term care insurance to your [group/association/union].] [[Group Policyholder] explored several options to provide this important benefit.] [After extensive due diligence, [Group Policyholder] decided on Genworth Life as the new insurance carrier.]

Because you currently have long term care insurance on a premium-paying basis under a [Previous Carrier] Group Long Term Care Insurance Plan, you now have the opportunity to evaluate the plan[s] available under the Genworth Life Group Long Term Care Insurance Program and compare [it/them] to your current coverage. [Group Policyholder] urges you to carefully consider your options – this will be your only opportunity to take advantage of a transfer credit.

You have two options to consider

1. Keep your existing [Previous Carrier] plan

[Previous Carrier] is obligated to continue to administer your coverage and pay benefits in accordance with the terms and provisions of Group Policy No. [XXXXX], as outlined in your Certificate of Insurance. However, [Group Name] will no longer sponsor the [Previous Carrier] plan [and [payroll/pension] deduction will no longer be available].

2. Purchase a Genworth Life plan and CANCEL your existing [Previous Carrier] plan This will be your only opportunity to take advantage of a transfer credit

- Choose a Genworth Life plan...
 - a. [with benefit amounts that include the [Daily/Monthly] Benefit [comparable to the [Daily/Monthly] Benefit] you have under your [Previous Carrier] plan][; or]
 - b. [with benefit amounts that include the *next highest amount* offered under the new Genworth Life Program (see Personal Rate Quote)]
 - c. [with new coverage enhancements and benefit options that are offered under the new Genworth Life Program (see Additional Benefit Options)]

Please review the Product Comparison and your Personal Rate Quote carefully. The Genworth Life plan may provide coverage that is less than, equal to, or greater than the coverage provided under the [Previous Carrier] plan.

- You are <u>pre-approved</u> for [this coverage/Option[s] 2[a] [and 2b]] as long as [1)] you are not currently receiving[, being evaluated for,] or qualified to receive benefits under the [Previous Carrier] plan [; and 2) you meet the simplified underwriting criteria in the Certification of Eligibility form]. [For Option 2c, you must complete the attached application indicating your plan selections. Option 2c is subject to Genworth Life's acceptance of your application for the plan.]
- Premiums for the Genworth Life plan are based on premium rates for your current age.
- A transfer credit will be available to help reduce your new plan premiums [if you waive your right to receive benefits under the Nonforfeiture [Coverage] provision of your Certificate of Insurance under Group Long Term Care Policy No. [xxx-xxx] issued by [Previous Carrier].] To ensure your eligibility for this option and the

3/2

2/1

transfer credit, you must continue to make the required premium contributions to [Previous Carrier] until the Coverage Effective Date of your Genworth Life plan.

• [Your [Previous Carrier] plan includes a Nonforfeiture [Coverage] provision that may provide limited long term care insurance if your coverage ends due to cancellation or non-payment of premium [(contribution)]. Please refer to the Nonforfeiture [Coverage] provision of your [Previous Carrier] certificate for details regarding this benefit.]

Helping you decide

Enclosed you'll find tools to help you make your decision. Use the Product Comparison chart to compare features and benefits under your [Previous Carrier] plan and the Genworth Life plan. Your [Previous Carrier] Certificate of Insurance and the Genworth Life Outline of Coverage contain detailed descriptions of the features included in each plan. For a more personalized analysis, review the Personal Rate Quote to compare premiums and benefit amounts for the Genworth Life options. In the enclosed CD, you will find the Outline of Coverage for the Genworth Life Program, a Shopper's Guide, a Personal Worksheet, and state required important disclosures regarding suitability[,/ and] premium rates [and Long Term Care Partnerships]. If you prefer, contact Genworth Life at [800 416.3624] to have these forms mailed to you. [This material is also available to you at the Group Long Term Care Insurance Program website at [www.webaddress.com].]

For more information

If you'd like to learn about other options available to you, or if you have any questions regarding the [Group Policyholder] Group Long Term Care Insurance Program from Genworth Life, please call our Long Term Care Insurance Customer Service Center at [800 416.3624], Monday through Friday, 8 AM 8 PM (ET).

Sincerely,

1 [Name]

[Title]

Genworth Life Insurance Company

P.S. Now is the time to ensure that the coverage you selected is the right coverage to help protect you, your family and your assets for the future. You have until [Month Day, Year] to take advantage of this offer. To take advantage of the transfer credit, you must complete and return the attached Acceptance and Certification Forms in the enclosed envelope.

PREPRINT

The plan selections and features described in this packet are offered under the [Group Policyholder] Group Long Term Care Insurance Program. This material is a solicitation for insurance, and contains only a summary of coverage; the group policy terms and provisions will prevail. Be sure to review the Outline of Coverage for definitions and additional details of this insurance program, its features and limitations, including any state variations. Insurance is available to eligible persons under Policy Number [XXXXXXX], issued to [Group Policyholder] on policy form series 7046. The Group Policy is intended to be a federally tax qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 – Public Law 104-191).

[The plans described in this offer do [not] meet the requirements for qualified partnership long term care insurance under the [State] Long-Term Care Insurance Partnership Program.]

Reference to the [Previous Carrier] group long term care insurance plan refers to coverage provided under Group Policy No. [xxxxxxxx] issued to [Group Policyholder] on policy form number [XXXXX] and underwritten by [Previous Carrier]([Previous Carrier]).

PERSONAL RATE QUOTE FOR [FIRST NAME] [LAST NAME]

For Group Long Term Care Insurance underwritten by Genworth Life Insurance Company (Genworth Life)

[Genworth Logo]

Respond by [Month Day, 20XX] to take advantage of the premium and transfer credit shown below.

1 For additional information on the new [Group Policyholder] Group Long Term Care Insurance Program, underwritten by Genworth Life, please call [800 416.3624].

/2	NOT FOR DIST	CURRENT [PREVIOUS CARRIER] PLAN	GENWORTH LIFE PLAN WITH [DAILY] BENEFIT (2[a])	[GENWORTH LIFE PLAN WITH NEXT HIGHEST [DAILY] BENEFIT¹ [(2b)]		
	[Daily/Monthly] Benefit Amount	\$	\$	\$		
	Home Care Maximum	\$	\$	\$		
2	Lifetime Maximum Benefit [/Total Lifetime Benefit]	\$	\$	\$		
2	Benefit Increase Option	[Optional Inflation Increase Offer] [Automatic Benefit Increase]	[Future Purchase Option] [Automatic Benefit Increase]	[Future Purchase Option] [Automatic Benefit Increase]		
2	[Nonforfeiture Benefit][*]	[Not][Included]	[Not] [Included] [Optional - 15% of the monthly premium]	[Not] [Included] [Optional - 15% of the monthly premium]		
	Monthly Premium	\$	\$ ROK B	\$		
2	Less Transfer Credit[†]	\$	\$	\$		
	Your Cost	\$	\$	\$]		
2	[Other Plan Options¹ (Option 2c)]	[¹The attached application must be completed if you choose to increase your coverage or select options not shown above. Your transfer credit will be applied toward your premium cost if your application is accepted. If your application is not accepted [and you meet the simplified underwriting criteria on the Certification of Eligibility form], coverage under Option 2[a] will go into effect.]				

1 To take advantage of the transfer credit for a new Genworth Life plan, premiums for your [Previous Carrier] plan must be paid until [Month XX, 20XX].

Please review the Product Comparison carefully. The Genworth Life plan may not provide coverage that is less than, equal to, or more than, the coverage under the [Previous Carrier] plan. Benefit amounts are subject to the following Genworth Life maximum limits:

- [Daily/Monthly] benefit limits are [\$400 per day/\$12,000 per month]. These are inclusive of the original issue amount under all long term care insurance in force, including the Genworth Life plan, other long term care insurance with Genworth Life, and long term care insurance in effect with any other insurer. However, when the excess amount is due to increase under an inflation protection benefit or rider, the maximum [Daily/Monthly] Benefit Amount available for transfer will be the original [Daily/Monthly] Benefit Amount plus the contractual increases to that amount due to such provision or rider.
- Lifetime Maximum benefit limits are [1825/60] times the allowable [Daily/Monthly] benefit.

[*Note: Your [Previous Carrier] plan includes a Nonforfeiture [Coverage] provision that may provide limited long term care insurance if your coverage ends due to cancellation or non-payment of premium [(contribution)]. Please read the Nonforfeiture [Coverage] provision of your [Previous Carrier] certificate carefully for details regarding this benefit.]

[†Transfer Credit applies only if you waive your right to receive benefits under the Nonforfeiture Coverage provision of your Certificate of Insurance under Group Long Term Care Policy No. [xxx-xxx] issued by [Previous Carrier].]

O/ 1

[OPTIONAL BENEFITS:

2/1

- [If your coverage under your [Previous Carrier] plan included a [Return of Contributions/]Return of Premium Benefit, the [Previous Carrier] premium above includes the cost of that benefit.]
- [If you wish to select the optional Nonforfeiture Benefit Rider available with your Genworth Life plan, there is an additional premium of 15%.]]

BENEFIT INCREASE OPTIONS:

2/1

- [If you did not elect the optional 5% Automatic Inflation Protection Increases under your [Previous Carrier] plan, your [Previous Carrier] plan includes the [Optional Inflation Increase provision]. If you elected the 5% Automatic Inflation Increase feature under your [Previous Carrier] plan, the [Previous Carrier] premium above includes the cost of that optional feature.]
- [If you do not elect the optional 5% Automatic Annual Compound Benefit Increases Rider available with your Genworth Life plan, your Genworth Life plan will include the Future Purchase Option provision.]
- Coverage will be issued for your selected option [(2a or 2b)] under the Genworth Life plan only if [1)] you are NOT currently receiving, [being evaluated for,] or qualified to receive long term care benefits under the [Previous Carrier] plan[; and 2) you meet the simplified underwriting criteria in the Certification of Eligibility form]. [No other underwriting is required [for options 2a or 2b].] [For option 2c, you must complete the attached application.]
- If you choose not to enroll in the new Program, your coverage with [Previous Carrier] will remain as stated above, subject to the terms and conditions of the [Previous Carrier] Group Policy. Your coverage will continue and your premiums will be billed directly by [Previous Carrier].
- You must make your election to purchase Genworth Life coverage by [Month Day, 20XX] in order to take advantage of the premium and transfer credit shown above. Premiums are based on your attained age as of [Month Day, 20XX] for the benefit amounts shown. For additional information on the new [Group Policyholder] Group Long Term Care Insurance Program from Genworth Life, please call [800 416.3624]. This is not a Genworth Life rate guarantee. While Genworth Life reserves the right to change future premiums for this policy form by group or premium class, premiums will never change due to changes in your health status or your age.



PR



1 [GROUP NAME] GROUP LONG TERM CARE INSURANCE PROGRAM For Long Term Care Insurance underwritten by Genworth Life Insurance Company (Genworth Life)

PREMIUM TABLES [\$3,000 Monthly Benefit]

Includes: [90] Day Waiting Period, [50%] of [Monthly] Benefit available for home care, [Informal care]

Total Coverage Choice	PPA	[\$xxx,xxx		[\$xxx,xxx]		[\$xxx,xxx]			
Benefit Increase Options Age	[Buy more coverage (FPO)]	[Auto 3% for Life Comp]	[Auto 5% for Life Comp]	[Buy more coverage (FPO)]	[Auto 3% for Life Comp]	[Auto 5% for Life Comp]	[Buy more coverage (FPO)]	[Auto 3% for Life Comp]	[Auto 5% fo Life Comp]
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PREMIUM TABLES [\$3,000 Monthly Benefit] *Continued* Includes: [90] Day Waiting Period, [50%] of [Monthly] Benefit available for home care, [Informal care]

Total Coverage Choice	TI	[\$xxx,xxx	l		[\$xxx,xxx]		[\$xxx,xxx]
Benefit Increase Options Age	[Buy more coverage (FPO)]	[Auto 3% for Life Comp]	[Auto 5% for Life Comp]	[Buy more coverage (FPO)]	[Auto 3% for Life Comp]	[Auto 5% for Life Comp]	[Buy more coverage (FPO)]	[Auto 3% for Life Comp]	[Auto 5% for Life Comp]
51 52 53	TRIBI								
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[Nonforfeiture: Add 15%]

[Couples Discount: If both you and your spouse or domestic partner apply together, a 10% premium discount applies.]

Please be assured that Genworth Life Insurance Company carefully structured the premium rates for this Program to meet the risks over the long term; however, the company does have the right to increase future premiums on the policy form by group or premium class. Your premiums will never increase due a change in your age or your health status. NOT FOR DIST

PRODUCT COMPARISON from GENWORTH LIFE INSURANCE COMPANY

[Genworth Logo]

This comparison indicates key features of the [Group Policyholder] Group Long Term Care Insurance Program, effective [Month Day, 20XX] and underwritten by Genworth Life Insurance Company (Genworth Life), and the Group Long Term Care Insurance Plan underwritten by [Previous Carrier] ([Previous Carrier]). This is a brief comparison of features for each plan.

Please refer to your [Previous Carrier] Certificate or the Genworth Life Outline of Coverage on the enclosed CD for more complete details on these benefits, and refer to your Personal Quote for the benefit amounts.

PLAN FEATURES	KEEP [PREVIOUS CARRIER] GROUP LONG TERM CARE INSURANCE PLAN	PURCHASE A GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN		
Facility Care Maximum [Daily/Monthly] Benefit Amount [(DBA/MBA)]	Your [Daily/Monthly] Benefit Amount [(DBA/MBA)] is the maximum dollar amount the plan will pay in any single [day/month] for covered expenses.	Your [Daily/Monthly] Benefit Amount [(DBA/MBA)] is the maximum dollar amount the plan will pay in any single [day/month] for covered expenses.		
Lifetime Maximum Benefit [/Total Lifetime Benefit]	The maximum amount of benefits payable to you, which is reduced by benefits paid and can be increased by inflation protection.	The maximum amount of benefits payable to you, which is reduced by benefits paid and can be increased by inflation protection.		
Benefits:	Covered Expenses up to:	Covered Expenses up to:		
Nursing Home Facility	100% of [DBA or MBA]	100% of [DBA or MBA]		
Assisted Living Facility	[50 - 100%] of [DBA or MBA] [Not Included]	100% of [DBA or MBA]		
Home Health Care and Adult Day Care	[50 - 100%] of [DBA or MBA] [Not Included]	[50/60/75/100%] of [DBA or MBA]		
Inflation Protection Increases	[Optional Inflation Increase Offer] [OR] [5% Automatic Inflation Protection Increases]	[Future Purchase Option] [OR] [5% Automatic Annual Compound Benefit Increases]		
[Informal Care]	[Not] [Included]	[Not] [Included]		
Elimination or Waiting Period	[10 - 180] [Calendar/Service] Days	[90] [Calendar/Service] Days		
Bed Reservation	Up to [10 - 30] days per calendar year.	Up to [60] days per calendar year.		
Home Assistance Benefits / Transition Expense Benefit	[Not] Included	Included		
Caregiver Training Benefit	[Not] Included	Included		
Alternate Plan of Care	[Not] Included	Included		
Hospice Care	Included	Included		
Respite Care	[Not] Included	Included		
Optional Nonforfeiture [Not] [Included] Benefit[*]		[Not] [Included] [Available as an optional benefit]		
[Return of Premium on Death or Return of Contributions]	[Not] [Included]	[Not] [Included]		
121188 08/01/11	NOT FOI	R DISTRIBUTION		

PLAN FEATURES	KEEP [PREVIOUS CARRIER] GROUP LONG TERM CARE INSURANCE PLAN	PURCHASE A GENWORTH LIFE GROUP LONG TERM CARE INSURANCE PLAN
[Restoration of Benefits]	[Not [Included]	[Not] [Included]
Care Coordination/Care Advisory Services	[Not] Included	Included
International Coverage	[Not] Included	Included
Portability	Available	Available
Benefit Triggers	Before benefits can be paid, you must meet certain requirements. Refer to your [Previous Carrier] certificate for more information.	Before benefits can be paid, you must meet certain requirements. Refer to the Benefit Eligibility provision in Section 6 of your Outline of Coverage.

Please note, the Genworth Life plan may provide coverage that is less than, equal to, or greater than the coverage on policy form series 7046. Due to state variations, the provided under the [Previous Carrier] plan.

[Additional Benefit Options are available under the [Policyholder] Group Long Term Care Insurance Program. They are listed on the Additional Benefit Options page and are described in the Outline of Coverage on the enclosed CD. [For more information about these benefits, visit the website at [www.webaddress.com] or call [800 416.3624]

and speak with a Program expert.

[*Note: Your [Previous Carrier] plan includes a Nonforfeiture [Coverage] provision that may provide limited long term care insurance if your coverage ends due to cancellation or non-payment of premium [(contribution)], Please reed to the Nonforfeiture [Coverage] provision of your [Previous Carrier] certificate carefully for details regarding this benefit.

*Note: Transfer Credit applies only if you waive your right to receive benefits under the Nonforfeiture [Coverage] provision of your Certificate of Insurance under Group Long Term Care Insurance Policy No. [xxx-xxx] issued by [Previous Carrier].]

The plan selections and features described in this packet are offered under the [Group Policyholder] Group Long Term Care Insurance Program. This material is a solicitation for insurance and contains only a summary of coverage; the group policy terms and provisions will prevail. Be sure to review the Outline of Coverage for definitions and additional details of this insurance program, its features and limitations, including any state variations. Insurance is available to eligible persons under

Policy Number [XXXXXX], issued to [Group Policyholder] 1/2 actual form number may vary and can include a state specific abbreviation.

The enclosed CD contains your Outline of Coverage for 1/2 the Genworth Life Program, a Shopper's Guide, a Personal Worksheet, and state required important disclosures regarding suitability[,/and] premium rates[, and Long Term Care Partnerships]. If you prefer, contact Genworth Life at [800 416.3624] to have these forms mailed to you. [This material is also available to you at the Group Long Term Care Insurance Program website at [www.webaddress. coml.

Coverage under the Group Policy is intended to be federally tax qualified long term care insurance under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).

The plans described in this offer do [not] meet the requirements for qualified partnership long term care insurance under the [State] Long-Term Care Insurance Partnership Program.]

Reference to the [Previous Carrier] group long term care insurance plan refers to coverage provided under Group 1 Policy No. [xxxx-xxxx] issued to [Group Policyholder] on policy form number [XXXXX] and underwritten by [Previous Carrier]. Contact [Previous Carrier] with any questions about the [Previous Carrier] Group Long Term Care Insurance Plan described above at [XXX-XXX-XXXX].



ACCEPTANCE FORM TO GENWORTH LIFE INSURANCE COMPANY and WAIVER OF RIGHT TO RECEIVE BENEFITS UNDER THE NONFORFEITURE COVERAGE PROVISION OF THE [PREVIOUS CARRIER] CERTIFICATE]

[Genworth Logo]

Administrative Office: [PO Box 64010, Saint Paul, MN 55164-0010, Telephone: 800 416.3624] [Group Policyholder] Group Long Term Care Insurance Program

You must return these completed forms to Genworth Life Insurance Company (Genworth Life) by [Month Day, 20XX]:

- Acceptance Form
- [Application form, if selecting Additional Benefit Options]
- Personal Rate Quote Summary
 Payment Method Election
- Certification of Eligibility
- If these are not received by Genworth Life by [Month Day, 20XX], your current insurance will remain with [Previous Carrier] ([Previous Carrier]).
 - 1. Keep my current long term care insurance plan with [Previous Carrier]

INITIAL HERE I understand the features and benefits of coverage will remain unchanged unless there are amendments necessary to comply with newly enacted laws or regulations applicable to my long term care insurance. My premiums will be billed directly by [Previous Carrier]. Since I am not moving my insurance to another plan, I understand there will be no transfer credit.

OR

- 2. Purchase a plan from Genworth Life and CANCEL my plan with [Previous Carrier] [Choose from Options 2a[,/or] [2b] [or 2c].] Indicate your selection with your initials below and cancel your long term care insurance from [Previous Carrier].
- Under [this Option/Options 2a[,/or] [2b] [or 2c]] below, Genworth Life Insurance Company will provide group long term care insurance* that will take effect on [Month Day, 20XX], and will apply the transfer credit as shown in your Personal Rate Quote. [The transfer credit is only available if you waive your right to receive benefits under the Nonforfeiture Coverage provision of your Certificate of Insurance under Group Long Term Care Insurance Policy No. [xxx-xxx] issued by [Previous Carrier].] [You may also elect [a Benefit Increase Rider or] an Optional Nonforfeiture Benefit Rider for your Genworth Life plan with Option 2[a] [,/or] [2b] [or 2c]. See the Outline of Coverage for a description of [this/these] benefit option[s]].

*Benefit amounts are subject to Genworth Life maximum issue limits. See details below.

BELOW	OPTION	OPTION DESCRIPTION [(Choose only one)]					
DIK	2[a]	[Daily/Monthly] benefit maximum [comparable to your [daily/monthly] benefit] under the [Previous Carrier] plan[. /, OR]					
	[2b]	[Next highest offered amount] [OR]					
T more	[2c]	[Other plan options — I understand that in choosing this option I need to complete the attached applicat					
100	[Waiver**]	[I waive amy right to receive benefits under the Nonforfeiture [Coverage] provision of my Certificate of Insurance under Group Long Term Care Insurance Policy No. [xxx-xxx] issued by [Previous Carrier].]					
	There is an ac	ditional premium for this rider. I have reviewed the Outline of Coverage and the graphs that compare the premiums, with and without this rider. Specifically, I have reviewed the options available, and with respect to premiums.					
	◯ Yes, I acce	ept this Benefit Increase Rider. O No, I reject this Benefit Increase Rider.					
		onforfeiture Benefit Rider Iditional premium for this rider. I have reviewed the Outline of Coverage and the explanation of nonforfeiture					
	O Yes, I acce	ept the Nonforfeiture Benefit Rider. O No , I reject the Nonforfeiture Benefit Rider.					



INITIAL BELOW	OPTION	OPTION DESCRIPTION [(Choose only one)]					
		6 Compound to Age 70 Automadditional premium for this rider.	tic Benefit Increase Rider				
	○ Yes, I accept this Benefit Increase Rider. ○ No, I reject this Benefit Increase Rider.]						
AM		6 Compound Automatic Benefi dditional premium for this rider.	t Increase Rider				
	O Yes, I acc	ept this Benefit Increase Rider.	○ No, I reject this Benefit Increase Rider.]				
201		6 Simple Automatic Benefit Inc dditional premium for this rider.	crease Rider	N			
	○ Yes, I accept this Benefit Increase Rider. ○ No, I reject this Benefit Increase Rider.						
Please provid	de the following in	formation for our records:					
Marital Sta	tus: O Married	/Legal Couple	Gender: O Male O Female				

- Please review the Product Comparison carefully. The Genworth Life plan may provide coverage that is less than, equal to, or greater than the coverage provided under the [Previous Carrier] plan. Benefit amounts are subject to the following Genworth Life maximum limits:
 - [Daily/Monthly] benefit limits are [\$400 per day/\$12,000 per month]. These are inclusive of the original issue amount under all long term care insurance in force, including the Genworth Life plan, other long term care insurance with Genworth Life, and long term care insurance in effect with any other insurer. However, when the excess amount is due to increases under an inflation protection benefit or rider, the maximum [Daily/Monthly] Benefit Amount available for transfer will be the original [Daily/Monthly] Benefit Amount plus the contractual increases to that amount due to such provision or rider.
 - Lifetime Maximum benefit limits are [1825/60] times the allowable [Daily/Monthly] benefit.

[Note: Your [Previous Carrier] plan includes a Nonforfeiture [Coverage] provision that may provide limited long term care insurance if your coverage ends due to cancellation or non-payment of premium [(contribution)]. Please read the Nonforfeiture [Coverage] provision of your [Previous Carrier] certificate carefully for details regarding this benefit.]

[** Transfer Credit applies only if you waive your right to receive benefits under the Nonforfeiture [Coverage] provision of your Certificate of Insurance under Group Long Term Care Insurance Policy No. [xxx-xxx] issued by [Previous Carrier].]

PREPRING



PERSONAL RATE QUOTE SUMMARY FOR [FIRST NAME] [LAST NAME]

For Group Long Term Care Insurance (LTCI) underwritten by Genworth Life Insurance Company (Genworth Life)

[Genworth Logo]

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	, _

PISITEIBU	CURRENT [PREVIOUS CARRIER] PLAN	GENWORTH LIFE LTCI PLAN WITH [DAILY] BENEFIT (2[a])	[GENWORTH LIFE LTCI PLAN WITH NEXT HIGHEST [DAILY] BENEFIT ¹ [(2b)]
[Daily/Monthly] Benefit Amount	\$	\$	\$
Home Care Maximum	\$	\$	\$
Lifetime Maximum Benefit	\$	\$	\$
Benefit Increase Option	[Optional Inflation Increase Offer] [Automatic Benefit Increase]	[Future Purchase Option] [Automatic Benefit Increase]	[Future Purchase Option] [Automatic Benefit Increase]
[Nonforfeiture Benefit]	[Not][Included]	[Included] [Optional - 15% of the monthly premium]	[Optional - 15% of the monthly premium]
Monthly Premium	\$	\$ 122	\$1101
Less Transfer Credit	\$	\$ TOB DISTIBLE	\$
Your Cost	\$ 20	\$	\$
[Other Plan Options¹ (Option 2c)]	[¹The attached application must be completed if you choose to increase your coverage or select options not shown above. Your transfer credit will be applied toward your premium cost if your application is accepted. If your application is not accepted [and you meet the simplified underwriting criteria on the Certification of Eligibility form], coverage under Option 2[a] will go into effect.]		

To take advantage of the transfer credit for a new Genworth Life plan, premiums for your [Previous Carrier] plan must be paid until [Month XX 20XX]





Please be assured that Genworth Life carefully structured the premium rates for this Program to meet the risks over the long term; however, Genworth Life does have the right to increase future premiums on the policy form by group or premium class. Your premiums will never increase due a change in your age or your health status.

ADDITIONAL BENEFIT OPTIONS

For Group Long Term Care Insurance underwritten by Genworth Life Insurance Company (Genworth Life)

[Genworth Logo]

1/2 For Option 2[c], there are additional options available under the [Group Policyholder] Group Long Term Care Insurance Program. To select an increase in coverage under Option 2[c], you must complete the enclosed application. If your application is not accepted [and you meet the simplified underwriting criteria on the Certification of Eligibility form], coverage under Option 2[a] will go into effect. Please review the available options and make your selections in the Coverage Selection Section on the attached application.

2/1	[Facility Care Maximum [Daily/Monthly] Benefit Amount [(DBA/MBA) Options]	[\$XXX]	[\$XXX]	[\$XXX]
2/1	[Home & Community Care (HCC)*]	[50/60/75/100%] [of Facility Care Maximum]		
	[• The HCC percent affects the amount you are reimbursed for covered HCC expenses and corresponds to the above [DBA/MBA amount.]	[\$XXX]	[\$XXX]	[\$XXX]
2/1	[Lifetime Maximum Benefit Options]	[\$XXX,XXX]	[\$XXX,XXX]	[\$XXX,XXX]
2/1	[Benefit Increase Options [**]]	[Automatic 3% Compound for Life] [Automatic 5% Compound for Life]		
2	[Optional Nonforfeiture Benefit]	Available for an additional 15% of premium		

- 2/1 [* For information on changes to the Home & Community Care percentage, call Genworth Customer Service at [800 416.3624]]
 - 2 [** Depending on your age and the Benefit Increase Option you select, your plan may meet the requirements for qualified partnership long term care insurance under the [State] Long-Term Care Insurance Partnership Program. Refer to the Partnership form for your state on the enclosed CD].



Company Tracking Number: GW TRANSFER OFFER

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care Insurance

Project Name/Number: Genworth Transfer Offer Advertising Filing/GW TRANSFER OFFER

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Third Party Filer Authorization Filed-Closed 08/05/2011

Comments: Attachment:

Univita Filing Auth GNW2011.pdf

Item Status: Status

Date:

Satisfied - Item: Certification of Eligibility Forms Filed-Closed 08/05/2011

121189C 08/01/11 and 121189D 08/01/11 (Previously Filed)

Comments:

Attachments:

121189C_080111_state filing_v2.pdf 121189D_080111_state filing_v2.pdf

Item Status: Status

Date:

Satisfied - Item: Explanation of Variability 121186 Filed-Closed 08/05/2011

EOV STD 8/01/11

Comments:

Attachment:

STD Transfers - Explanation of Variability for state filing.pdf

Item Status: Status

Date:

Satisfied - Item: Cover Letter Filed-Closed 08/05/2011

Comments:

Attachment:

AR Transfer Offer Filing Cover Letter.pdf



6620 West Broad Street Building 4 Richmond, VA 23230 genworth.com

Dear Commissioner:

Genworth Life Insurance Company and, in New York, Genworth Life Insurance Company of New York hereby authorize Univita to submit Group Long Term Care insurance filings to state insurance departments on our behalf.

Sincerely,

Paul J. Loveland

Vice President
Genworth Life Insurance Company
Genworth Life Insurance Company of New York

May 5, 2011

Paul Puels

Date

CERTIFICATION OF ELIGIBILITY TO GENWORTH LIFE INSURANCE COMPANY



Administrative Office: [PO Box 64010, Saint Paul, MN 55164-0010 Telephone: 800 416.3624]

Na	me
So	cial Security # Date of Birth (MM/DD/YYYY)
Έι	mployee ID] [Employer [Code/Name]]
٩d	dress
Cit	y, State, ZIP Phone Number
Ву	signing below, I understand, acknowledge and agree to the following:
Э	I am Actively at Work, which means that I am performing the usual duties of my job at my usual place of work as required by my employer on a [full-time] basis, where [full time] means at least [30 hours each week.]
	As an Actively-at-Work employee, I am eligible to transfer my long term care insurance under the [Previous Carrier] Group Policy [XXXX-XXXXX] (the [Previous Carrier] plan) to long term care insurance under the [Group Policyholder] Group Long Term Care Insurance Program under Policy No. [XXXXXX], issued by Genworth Life Insurance Company (Genworth Life).
	I am eligible only if, as of [Month Day, 20XX], I am not receiving or qualified to receive payment for long term care benefits under the terms of the [Previous Carrier] plan, and my [Previous Carrier] plan is in force on a premium-paying basis.
0	The insurance with Genworth Life that I have selected [under Option 2a or 2b] will take effect on [Month Day, 20XX], and may provide coverage that is less than, equal to, or greater than the coverage provided under the [Previous Carrier] plan.
0	The insurance with Genworth Life will not take effect if any of the following occur on or before [Month Day, 20XX]:
	 I am receiving payment for long term care insurance benefits under the terms of the [Previous Carrier] plan. I have been determined to be benefit eligible or otherwise qualified for long term care insurance benefits under the terms of the [Previous Carrier] plan.
Э	In order to purchase this insurance from Genworth Life [and receive the transfer credit], I must [(a)] continue to pay the required premium for the [Previous Carrier] plan to [Previous Carrier] through [Month Day, 20XX]. [; and (b) waive my right to receive benefits under the Nonforfeiture Coverage provision of my Certificate of Insurance under the [Previous Carrier] plan].
	ave received the following forms: Outline of Coverage, Potential Rate Increase Disclosure, Personal Worksheet itability Disclosure, and a Shopper's Guide to Long Term Care Insurance.
ag mi the	AUTION: I certify that I have read, or have had read to me, the above Certification. I understand and ree that if any statements on this Certification are incorrect or untrue, or if any false statements or srepresentations as they relate to my eligibility are made, Genworth Life Insurance Company may have right to deny benefits or rescind coverage, subject to the Incontestability provision of the Group Policy of the Misstatement/Incontestability provision of the underlying Certificate.
X _.	Signature Date
	oiunature – Date



CERTIFICATION OF ELIGIBILITY TO GENWORTH LIFE INSURANCE COMPANY

Administrative Office: [PO Box 64010, Saint Paul, MN 55164-0010 Telephone: 800 416.3624]

(COMPLETE THIS SECTION ONLY IF YOU SELECT A COVERAGE PLAN AVAILABLE UNDER OPTION 2)

Name	
Social Security #	Date of Birth (MM/DD/YYYY)
[Employee ID] [Employer	[Code/Name]
Address	
City, State, ZIP	Phone Number

By signing below, I understand, acknowledge and agree to the following:

- o As an insured person under [Previous Carrier] Group Policy [XXXX-XXXXX] (the [Previous Carrier] plan), I am eligible to transfer my long term care insurance under the [Previous Carrier] plan to long term care insurance under the [Group Policyholder] Group Long Term Care Insurance Program under Policy No. [XXXXXX], issued by Genworth Life Insurance Company (Genworth Life).
- o I am eligible only if, as of [Month Day, 20XX], I am not receiving, [being evaluated for,] or qualified to receive, payment for long term care benefits under the terms of the [Previous Carrier] plan, and my [Previous Carrier] plan is in force on a premium-paying basis.
- o The insurance with Genworth Life that I have selected [under Option 2a or 2b] will take effect on [Month Day, 20XX], and may provide coverage that is less than, equal to, or greater than the coverage provided under the [Previous Carrier] plan.
- The insurance with Genworth Life will not take effect if any of the following occur on or before [Month Day, 20XX]:
- I am receiving payment for, [being evaluated for,] or otherwise qualified for long term care insurance benefits under the [Previous Carrier] Plan.
- [I have been diagnosed with, am being treated for, or have seen a health care professional for any of the following:
 - Alzheimer's Disease or any other form of dementia
 - Parkinson's Disease, Multiple Sclerosis, or ALS (Lou Gehrig's Disease)
 - Stroke, or more than one Transient Ischemic Attack (TIA)
 - Metastatic cancer (cancer that has spread to other organs).]
- [I require the use of a: Wheelchair, Walker, Oxygen Device, Respirator, or Kidney Dialysis.]
- [I need the assistance of or supervision by another person for: Bathing, Dressing, Eating, Toileting, Bowel/Bladder Control, Moving in/out of a bed or chair, or Walking.]
- o In order to purchase this insurance from Genworth Life [and receive the transfer credit], I must [(a)] continue to pay the required premium for the [Previous Carrier] plan to [Previous Carrier] through [Month Day, 20XX] [; and (b) waive my right to receive benefits under the Nonforfeiture Coverage provision of my Certificate of Insurance under the [Previous Carrier] plan].

I have received the following forms: Outline of Coverage, Potential Rate Increase Disclosure, Personal Worksheet, Suitability Disclosure, and a Shopper's Guide to Long Term Care Insurance.

CAUTION: I certify that I have read, or have had read to me, the above Certification. I understand and agree that if any statements on this Certification are incorrect or untrue, or if any false statements or misrepresentations as they relate to my eligibility are made, Genworth Life Insurance Company may have the right to deny benefits or rescind coverage, subject to the Incontestability provision of the Group Policy, and the Misstatement/Incontestability provision of the underlying certificate.

X	
Signature	Date

GENWORTH LIFE INSURANCE COMPANY EXPLANATION OF VARIABILITY FOR ADVERTISING GROUP LONG TERM CARE INSURANCE TRANSFER OFFER FORM NUMBER 121186 08/01/11, et al

This Explanation of Variability applies to the advertising material listed below. Variable material is bracketed. The submitted advertising is generic and indicates the broadest offer available under an issued Group Policy underwritten by Genworth Life Insurance Company on approved group policy forms. It includes three types of variability.

- Type 1. Variable information under the Group Policy, such as the policyholder name, other insurer name and plan designs, phone numbers, addresses, plans, etc., which will be completed with information driven by the dynamics of the coverage parameters for a particular Group Policy.
- Type 2. Inclusive information that may or may not appear for a particular client, such as a specific coverage provisions or offers that may not be part of the specific Group Policy.
- Type 3. Substitute language that will be used to replace a sentence or paragraph driven by the dynamics of a specific Group Policy.

Advertising Forms for the purpose of this Explanation of Variability include:

Form Number	Title	Type of Solicitation
121186 08/01/11	Offer Letter	Invitation to Contract
121187 08/01/11	Personal Rate Quote	Invitation to Contract
121188 08/01/11	Product Comparison	Invitation to Contract
121189A 08/01/11	Acceptance Form	Invitation to Contract
121189B 08/01/11	Personal Rate Quote Summary	Invitation to Contract
123064 08/01/11	Additional Benefit Options	Invitation to Contract

We have listed the Variables for each advertising component in the order in which they appear above. All parts of the Transfer Offer will always be presented together.

Offer Letter: Form 121186

Type 1 Variables:

- a. Logos, eligible person's name, addresses, Group Policyholder name, Previous Carrier name, Name/Title of Genworth Life signatory, phone numbers, plans, policy numbers, and form numbers will on group specific requirements..
- b. Dates for return as well as for the effective date of transferred coverage will be based on group specific requirements.

Type 2 Variables:

- a. Paragraph 1 references to the existing carrier may be deleted in their entirety.
- b. Paragraph 1, sentence 3 and/or 4 are in or out based on the Group Policyholder preference.
- c. Paragraph 2, reference to payroll and/or pension deduction may not be included, based on group specific requirements.
- d. In the 1st bullet under item 2, the benefit amount in 2a will vary be based on group specific requirements; "comparable to the monthly/daily" may be deleted.
- e. In item 2, the number of options available can vary based on group specific requirements. 1 and 2 will always be offered. However, the options under 2 will be be based on group specific requirements. Option 2b and/or 2c may be deleted.
- f. In the 2nd bullet under item 2, the phrase "being evaluated for," and/or "simplified underwriting" will be in or out based on the underwriting criteria for the group.
- g. Reference to specific options (2a, 2b or 2c) will be based on group specific requirements.
- h. In the 4th bullet, reference to the Nonforfeiture Benefit will be based on group specific requirements. The Previous Carrier's treatment of nonforfeiture coverage will determine if the eligible person must waive the nonforfeiture benefit coverage to receive a transfer credit. If so, the bracketed text will be included.
- i. The 5th bullet will only appear if the there is a nonforfeiture benefit under the previous carrier. The terms "Coverage" or "contribution" will be included, based on the Previous Carrier's terminology.
- j. Reference to website may deleted if enrollment via the web is not available.
- k. Reference to resident state partnership requirements may be deleted in its entirety. The appropriate resident state will be named. If included, the word "not" will only appear if the offer does not meet partnership requirements.

GENWORTH LIFE INSURANCE COMPANY EXPLANATION OF VARIABILITY FOR ADVERTISING GROUP LONG TERM CARE INSURANCE TRANSFER OFFER FORM NUMBER 121186 08/01/11, et al

Type 3 Variables:

- a. The number of options for employee to consider will vary depending on the offer being made to the group. Options 1 and 2 will always be offered. The reference to "a" may or may not be included. Options available under 2 will be based on group specific requirements.
- b. Previous Carrier's treatment of nonforfeiture coverage will determine which bracketed text will be included.

Personalized Rate Quote: Form 121187

Type 1 Variables:

- a. Logo, eligible person's name, Previous Carrier name, Previous Carrier Full Legal Entity name, Group Policyholder name, phone numbers, plans, marketing names, rates, policy numbers, and form numbers will on group specific requirements.
- Dates for return as well as for the effective date of transferred coverage will be based on group specific requirements.
- c. Only the elements of the products from either carrier that are pertinent will appear as determined from the Group Policies.

Type 2 Variables:

- a. The number of options for employee to consider will vary depending on the offer being made to the group. Columns 1 and 2 will always be offered. The reference to "a" may or may not be included. Options available under 2 will be based on group specific requirements..
- b. Reference to optional benefits (Benefit Increase Options and/or Nonforfeiture Benefit) may be deleted. The footnote may be deleted.
- c. The terms "Coverage" or "contribution" will be included, based on the Previous Carrier's terminology.
- d. Reference to Benefit Increase Options beneath the chart may be deleted based on group specific requirements.
- e. Item 1, "being evaluated for," item 2 for "simplified underwriting" and item 3 "no other underwriting" will be in or out based on the underwriting criteria for the group.
- f. Couples discount may be deleted based on group specific requirements.
- g. The additional rate tables will not appear if additional options are not available.

Type 3 Variables:

a. Previous Carrier's treatment of nonforfeiture coverage will determine which bracketed text will be included.

Product Comparison: Form 121188

Type 1 Variables:

- a. Logo, Policyholder Name, Previous Carrier name, Previous Carrier Full Legal Entity name, phone numbers, web url, plans, policy and form numbers will be based on group specific requirements.
- b. Dates for the effective date of transferred coverage will be based on group specific requirements..
- c. Reference to specific options (2a, 2b or 2c) will refect the options available to the group. Only the elements of the products from either carrier that are pertinent will appear as determined from the Group Policy.

Type 2 Variables:

- a. Reference to Additional Benefit Options will be included on group specific requirements.
- b. Reference to website may deleted if enrollment via the web is not available.
- c. The terms "Coverage" or "contribution" will be based on the Previous Carrier's terminology...
- d. Reference to resident state partnership requirements may be deleted in its entirety. The appropriate resident state will be named. If included, the word "not" will only appear if the offer does not meet partnership requirements.

Type 3 Variables:

a. Previous Carrier's treatment of nonforfeiture coverage will determine which bracketed text will be included.

GENWORTH LIFE INSURANCE COMPANY EXPLANATION OF VARIABILITY FOR ADVERTISING GROUP LONG TERM CARE INSURANCE TRANSFER OFFER FORM NUMBER 121186 08/01/11, et al

Acceptance Form: Form 121189A

Type 1 Variables:

- a. Logo, Policyholder name, Previous Carrier name, Previous Carrier Full Legal Entity name, addresses, phone numbers, plans, policy and form numbers will be based on group specific requirements.
- b. Dates for return as well as for the effective date of transferred coverage will be based on group specific requirements.
- c. Only the elements of the products from either carrier that are pertinent will appear as determined from the Group Policies.

Type 2 Variables:

- a. Reference to Waiver of the Nonforfeiture benefit will appear as determined by the Previous Carrier's treatment of its nonforfeiture coverage.
- b. Reference to specific options (2a, 2b or 2c) will be based on group specific requirements.
- c. Reference to optional Nonforfeiture Benefit and Benefit Increase Riders in the chart may be deleted based on group specific requirements.
- d. The terms "Coverage" or "contribution" will be included, based on the Previous Carrier's terminology.

Type 3 Variables:

a. Previous Carrier's treatment of its nonforfeiture coverage will determine which bracketed text will be included.

Personal Rate Quote Summary: Form 121189B

Type 1 Variables:

- a. Eligible person's name, Logo, Previous Carrier name, plans and dates will vary based on group specific requirements.
- b. Only the elements of the products from either carrier that are pertinent will appear as determined from the Group Policy.

Type 2 Variables:

- a. The number of options for eligible persons to consider will vary depending on the offer being made to the group. Columns 1 and 2 will always be offered. The reference to "a" may or may not be included. Options available under 2 will be based on group specific requirements.
- b. Reference to additional benefit options (Benefit Increase Options or Optional Nonforfeiture) in the chart may be deleted based on group specific requirements.

Additional Benefit Options: Form 123064

Type 1 Variables:

- a. Logo, Group Policyholder name, plans and phone numbers will vary based on group specific requirements.
- b. The plan options available will vary based on group specific requirements..

Type 2 Variables:

- a. Option 2c will only be available on a group specific basis. If Option 2c is not available, this form will not be used.
- b. Reference to underwriting will be in or out based on the underwriting criteria for the group.
- c. The number of options for an eligible person to consider will vary depending on the offer being made to the group. For example, there may be more than or less than 3 benefit amount options; the Home and Community Care Percentage may not be an option; and the number of benefit increase options available may be greater than the two shown. Only the options available under the group policy will be included.
- d. Reference to resident state partnership requirements may be deleted in its entirety. The appropriate resident state will be named. If included, the word "not" will only appear if the offer does not meet partnership requirements.



Timothy P. Cassidy Director, Compliance Services Univita Health, Inc. 5 Commonwealth Rd Suite 2B Natick MA 01760

Fax: 952.983.5128 www.univitahealth.com

Tel: 952.516.6195

July 6, 2011

State of Arkansas Department of Insurance ATTN: Advertising Review

Re: ADVERTISING FILING: ACCIDENT AND HEALTH INSURANCE

GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025

Group Long Term Care Insurance Marketing Materials:

Form 121186 08/01/11 Transfer Offer

Form 121187 08/01/11 Personal Rate Quote Form 121188 08/01/11 Product Comparison Acceptance Form

Form 121189B 08/01/11 Personal Rate Quote Summary Form 123064 08/01/11 Additional Benefit Options

Dear Sir or Madam:

On behalf of Genworth Life Insurance Company (Genworth Life), Univita Health submits, for your information and approval, Transfer Offer components intended for use with its approved Group Long Term Care Insurance products in your state. Included in the Supporting Documentation is Genworth Life's authorization to make such filings on behalf of Genworth Life.

This advertising material is new and does not replace any advertisements previously filed by Genworth Life Insurance Company.

The forms in this submission will be used in the event that Genworth Life is selected as the carrier to provide group long term care insurance that will be offered to eligible classes who may already be enrolled by another carrier. All material is sent together as the offer package; it will not be sent separately. The Certification of Eligibility forms, 121189C 08/01/11 and 121189D 08/01/11, included in this filing for informational purposes, were previously filed for form approval with your Department. The filing, SERFF Number GEFA-127187658, is currently pending approval. The forms in this submission will be used in connection with group policy form 7046POL, which was approved by your Department on September 13, 2005 and subsequently.

The Transfer Offer is described in form 121186 08/01/11 and is sent to each person who is eligible to transfer. The Product Comparison, form 121188 08/01/11, outlines the different features of the existing coverage and that being offered by Genworth Life. The individual is referred to the Certificate of Insurance from the existing carrier, and the outline of coverage from us for detailed comparison. The Personal Rate Quote, form 121187 08/01/11, will contain the premium costs under both carriers for the eligible person, as well as any transfer credit that Genworth Life may apply. It will include additional rate tables if the individual has the ability to select additional options available to the employee population as a whole at the same time as the transfer offer. When such is the case, the advertising package will include form 123064 08/01/11, Additional Benefit Options, and the application required to apply for such options.

The Acceptance Form, 121189A 08/01/11, enables the eligible person to select the transfer offer, indicating the plan he or she wishes to purchase. A Personal Rate Quote Summary, 121189B 08/01/11, will be included with the Acceptance Form, repeating the premium and transfer credit information. Each applicant must complete and sign one of the aforementioned Certification forms, 121189C 08/01/11 or 121189D 08/01/11, to acknowledge his or her eligibility for the coverage.

Variable material is bracketed and explained in the accompanying Explanation or Variability.

We hope you find this submission satisfactory and look forward to your response. If helpful to the Department's review, Kathy Hamby, Genworth Life's Group Compliance Leader, is available to you to address any issues as they are identified.

If you should have any questions, please dial me directly at (952) 516-6195 or toll free at (888) 312-5824. You may also send me an email at tcassidy@univitahealth.com.

We hope you find this submission satisfactory and look forward to your response. Thank you for your time and consideration of our request.

Sincerely,

Timothy P. Cassidy